

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



November 23, 1988

ALL COUNTY INFORMATION NOTICE NO. I-116-88

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: CWD SALARY AND BENEFIT STATEMENT, FY 1988/89

The Department of Social Services is transmitting the FY 1988/89 CWD Salary and Benefit Statement (DFA 442). This questionnaire should be completed as soon as cost-of-living information is available and should be returned to the County Administrative Expense Control Bureau by December 31, 1988.

The 1988/89 Budget Act does not provide for funding of current year County cost-of-living increases. Pursuant to the process established by the Budget Act of 1985, cost-of-living increases are funded one year in arrears. Consequently, the information for FY 1988/89 is needed at this time for the FY 1989/90 budgeting process.

The attached statement requires information for the current and prior fiscal year. For FY 1987/88, we are asking for the actual rate of benefits paid in a variety of categories. For FY 1988/89, we are requesting the cost-of-living salary increases granted by the Board of Supervisors, and the computation of the estimated benefit rate. An instruction sheet is attached to facilitate completion of the form.

If you have any questions, please contact Julio Rodriguez of the County Administrative Expense Control Bureau at (916) 322-5802.

A handwritten signature in cursive script, reading "Robert L. Garcia".

ROBERT L. GARCIA
Deputy Director
Administration

Attachments

cc: CWDA

INSTRUCTIONS FOR COMPLETION OF THE CWD SALARY AND
BENEFIT STATEMENT (DFA 442) - FISCAL YEAR 1988/89

Supply data in Section I and II in decimal fraction amounts carried out two places (Example: 6.67%). If there is an item that is not applicable, enter "N/A." Please provide detailed back-up information on the data submitted to facilitate verification, if needed.

NOTE: IN SECTION I, IF THE EFFECTIVE DATES OF ANY BENEFIT INCREASES DO NOT START ON JULY 1, PLEASE ANNUALIZE WHERE NECESSARY SO THAT THESE INCREASES WOULD BE ON A STATE FISCAL CYCLE. THIS WILL NOT BE NECESSARY IN SECTION II. THEREFORE, IN SECTION II, PLEASE REFLECT THE ACTUAL SALARY INCREASES REGARDLESS OF THE EFFECTIVE DATES.

Section I: FY 1987/88 and FY 1988/89 average benefits paid by county

Column 1 equals FY 1987/88 Total Paid Contributions divided by FY 1987/88 Salaries.

Column 2 equals Projected FY 1988/89 Total Paid Contributions divided by Projected FY 1988/89 Salaries.

Column 3 equals Net Benefit Rate Difference (Column 2 minus Column 1). Total rate, Item g, must equal the sum of Items a through f.

Column 4 is the effective date of FY 1987/88 benefits.

Column 5 is the effective date of FY 1988/89 benefits.

Section II: FY 1988/89 cost-of-living salary increase granted by the County Board of Supervisors

Column 1 is the salary increase amount granted by the county Board of Supervisors. (Note: If a given salary pool (e.g., clerical) had different cost-of-livings granted within that pool, use a weighted average for the pool.)

Column 2 is the effective date of FY 1988/89 salary increases.

Section III: Provide explanation of any changes that would affect any cost category individually or in total, such as a change in the number of workweek hours.

CWD SALARY AND BENEFIT STATEMENT— FISCAL YEAR 1988 /89

County: _____

Contact: _____

Title: _____

Telephone: _____

I. FY 1987/88 and FY 1988/89 Average Benefits Paid by County

BENEFITS CONTRIBUTION	AVERAGE CWD RATE			EFFECTIVE DATE	
	(1) FY 1987/88	(2) FY 1988/89	(3) NET RATE (Col. 2-1)	(4) FY 1987/88	(5) FY 1988/89
a. OASDI	_____ %	_____ %	_____ %	/ /	/ /
b. Retirement	_____ %	_____ %	_____ %	/ /	/ /
c. Health Insurance	_____ %	_____ %	_____ %	/ /	/ /
d. Life Insurance.....	_____ %	_____ %	_____ %	/ /	/ /
e. State Compensation	_____ %	_____ %	_____ %	/ /	/ /
f. Other (specify)					
	_____ %	_____ %	_____ %	/ /	/ /
	_____ %	_____ %	_____ %	/ /	/ /
g. TOTAL RATE	_____ %	_____ %	_____ %	/ /	/ /

II. FY 1988/89 Cost-of-Living Salary Increase Granted by the County Board of Supervisors

COST OF LIVING	(1) PERCENTAGE GRANTED FY 88/89	(2) EFFECTIVE DATE
a. Eligibility and Nonservices	_____ %	/ /
b. Clerical Support	_____ %	/ /
c. Administrative Support	_____ %	/ /
d. Fraud Investigators	_____ %	/ /
e. Social Services	_____ %	/ /
f. Employment Services	_____ %	/ /

RETURN TO:

County Administrative
Expense Control
Department of Social
Services
744 P Street, Mail Station
8-200
Sacramento, California
95814

III. Provide explanation of any changes within the county that would affect any cost category individually or in total, such as change in the number of workweek hours.

I hereby certify that the figures reported herein represent actual employee benefit rates or salary increases as reflected in this county's final budget for FY 1988/89.

DATE

SIGNATURE OF COUNTY WELFARE DIRECTOR

DATE

SIGNATURE OF COUNTY AUDITOR